

New Jersey Department of Health and Senior Services
REPORT OF SERIOUS PREVENTABLE ADVERSE EVENT
IN A NEW JERSEY GENERAL HOSPITAL

NJDHSS INTERNAL USE ONLY

Report No.

This form must be completed for any serious preventable adverse event, which results in death or loss of a body part, or disability or loss of bodily function lasting more than seven (7) days or present at discharge.

Is this a revision of an earlier report to the Patient Safety Reporting Initiative for the same event?

☐ Yes

☐ No

If yes, give DHSS Report Number:

Facility Internal Tracking Number of this incident, if known:

SECTION A - GENERAL INFORMATION

1. FACILITY IDENTIFICATION

Facility Name: _____ Facility License No.: _____

Facility Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Name of Person Submitting: _____ Telephone No.: _____

Title or Position: _____ Fax No.: _____

Email Address: _____

2. PLEASE SUPPLY A SIMPLE AND CLEAR DESCRIPTION OF THE EVENT OR SITUATION YOU ARE REPORTING:

Incident Information:

Incident Date: _____ Time: _____ ☐ AM ☐ PM

Date you became aware of event: _____ Time: _____ ☐ AM ☐ PM

3. HOW WAS EVENT DISCOVERED?

☐ 1. Report by staff/physician

☐ 4. Assessment of patient after event

☐ 2. Report by family/visitor

☐ 5. Review of chart/record

☐ 3. Report by patient

☐ 6. Other: _____

4. PATIENT INFORMATION

☐ Inpatient or ☐ Outpatient

Admission through: ☐ ED ☐ Direct ☐ Transfer

Patient Billing Number: _____

Patient Name: _____ Medical Record No.: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____

Admission Date or Date of Ambulatory Encounter: _____

Primary Diagnosis: _____

Race:

☐ Caucasian

☐ Amer. Indian/Alaskan Native

☐ Native Hawaiian/Pacific Islander

☐ Other: _____

☐ Black

☐ Asian

☐ Unable to Determine

Ethnicity: ☐ Non-Hispanic/Unable to Determine

☐ Hispanic

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SECTION B - EVENT DETAILS

5. TYPES OF SERIOUS PREVENTABLE ADVERSE EVENTS (Check only one)

A. CARE MANAGEMENT EVENTS in a Health Care Facility

- ☐ 1. Patient death/harm due to a medication error
- ☐ 2. Patient death/harm due to a hemolytic reaction due to the administration of ABO-incompatible blood or blood products
- ☐ 3. Maternal death/harm due to labor/delivery in a low-risk pregnancy
- ☐ 4. Patient death/harm due to hypoglycemia
- ☐ 5. Patient death/harm due to failure to identify and treat hyperbilirubinemia in neonates
- ☐ 6. Stage 3 or 4 pressure ulcers acquired after admission
- ☐ 7. Patient death/harm due to spinal manipulative therapy
- ☐ 8. Other event causing patient death or harm that lasts seven days or is present at discharge

B. ENVIRONMENTAL EVENTS in a Health Care Facility

- ☐ 1. Patient death/harm due to an electric shock
- ☐ 2. Any event in which a line designated for oxygen/other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
- ☐ 3. Patient death/harm due to a burn incurred from any source
- ☐ 4. Patient death/harm due to a fall
- ☐ 5. Patient death/harm due to the use of restraints or bedrails
- ☐ 6. Other event causing patient death or harm that lasts seven days or is present at discharge

C. PRODUCT OR DEVICE EVENTS in a Health Care Facility

- ☐ 1. Patient death/harm due to the use of contaminated drugs/devices/biologics
- ☐ 2. Patient death/harm due to the use/function of a device in patient care in which the device is used/functions other than as intended
- ☐ 3. Patient death/harm due to intravascular air embolism
- ☐ 4. Other event causing patient death or harm that lasts seven days or is present at discharge

D. SURGERY-RELATED EVENTS

- ☐ 1. Surgery performed on the wrong body part
- ☐ 2. Surgery performed on the wrong patient
- ☐ 3. Wrong surgical procedure performed on a patient
- ☐ 4. Retention of a foreign object in a patient after surgery or other procedure
- ☐ 5. Intraoperative or immediately post-operative coma or death in an ASA Class I (hospital) or any ASA Class patient (ambulatory surgery center)
- ☐ 6. Other event causing patient death or harm that lasts seven days or is present at discharge

E. PATIENT PROTECTION EVENTS in a Health Care Facility

- ☐ 1. Infant discharged to the wrong person
- ☐ 2. Patient death/harm due to patient elopement
- ☐ 3. Patient suicide/attempted suicide
- ☐ 4. Other event causing patient death or harm that lasts seven days or is present at discharge

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6. IF 5.A.1 WAS SELECTED, COMPLETE THIS SECTION:

What type of medication error occurred? (Check all that apply)

- ☐ Wrong Patient
- ☐ Wrong Drug
- ☐ Wrong Dose
- ☐ Wrong Route
- ☐ Wrong Frequency
- ☐ Wrong Time
- ☐ Omission
- ☐ Administration After Order Discontinued/Expired
- ☐ Wrong Diluent/Concentration/Dosage Form
- ☐ Monitoring Error

☐ Other: _____

Brand/Product Name (If Applicable): _____

Generic Name: _____

7. WHERE WAS THE PATIENT WHEN THE EVENT OCCURRED? (Check only one)

- ☐ Patient Room
- ☐ Emergency Department
- ☐ Radiology
- ☐ Laboratory
- ☐ Operating Room
- ☐ Nursery
- ☐ Recovery Room
- ☐ Rehabilitation Areas
- ☐ In Transit
- ☐ ICU / CCU / TCU
- ☐ NICU
- ☐ Hallway or Other Common Area
- ☐ Other:

8. IMMEDIATE CORRECTIVE ACTION(S) TAKEN: